

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE						
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY			LEBANON		DATE OF CRASH: 07/10/11		DAY: Monday	TIME: MILITARY 1708		
CRASH OCCURRED ON Stine's Funeral Home 801 Monroe Rd.						WITHIN THE INTERSECTION OF							
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)							
MILES 100 FEET W (S) E OF Monroe Rd						CITY CODE 8303							
LOG-1		LOG-2		LOC JUR FH9 FILT									
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT	Cincinnati Ins. Co.				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
Bishop, Virginia, Carol						1194 Linford Ctr. Maineville, OH 45039							
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION				
513-697-7821		08/14/73	73	F			OH	RS411445	UNK				
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE	
SAME													
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR					
2005	CHEV	Malibu	RED	45	OH	1VCB	NONE	FROM W TO E					
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8		UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT				
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO.						BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR					
								FROM TO					
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C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			PHONE	SEX	A	B	C	D	E	F	
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			PHONE	SEX	A	B	C	D	E	F	
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			PHONE	SEX	A	B	C	D	E	F	
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE	AGE	POSITION			INJURIES			
		ADDRESS			PHONE	SEX	A	B	C	D	E	F	
A		B	C	INJURED TAKEN TO			By						
D		E	F	INJURED TAKEN TO			By						
A		B	C	OFFENSE CHARGED AND DESCRIPTION			By						
O		B	C	OFFENSE CHARGED AND DESCRIPTION			By						
RECEIVED CALL		DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	RESTRAINTS			ALCOHOL			
1708		1710	1720	1743	20	00off 43	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DATE REPORT FILED		PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	EJECTION			DRUGS				
M07/10/11		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	P.H. Todd #116	116		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			A TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
M07/10/11		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	P.H. Todd #116	116		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG				

16-17027